FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
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hours per respo	nse 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Osage Fund LLC, Class A Unit Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
A. BASIC IDENTIFICATION DATA	RECEIVED
Enter the information requested about the issuer	[2]
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(OCT 14 2004)
Osage Fund LLC	12.
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
4343 Duncan Avenue, St. Louis, Missouri 63110 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(314) 371-2900 (179 Garage Code)
Brief Description of Business	
Real Estate Development	
Type of Business Organization corporation	
CN for Canada; FN for other foreign jurisdiction)	INCO FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION—	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	•		suer has been organized v		•	-£ 10	0/	£1-	
			•		•				ss of equity securities of the issuer
			f corporate issuers and of	corpo	rate general and mar	iaging	g partners of	partn	ersnip issuers; and
• Ea	ich general and	managing partner o	of partnership issuers.						<u>'</u>
Check Box(e	es) that Apply;	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (I BDG Rea	Last name first,	if individual)							
	Residence Addre	ess (Number and St. Louis, Misso	Street, City, State, Zip C uri 63110	ode)					
Check Box(e	s) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (I	Last name first,	if individual)							
	Residence Addre	oce (Number and	Street, City, State, Zip C	ode)					
		St. Louis, Missou		ouc)					
	es) that Apply:	Promoter	Beneficial Owner		Executive Officer	_	Director		General and/or
			Belieficial Owlief		Executive Officer		Director		Managing Partner
Full Name (I CBC Cap	Last name first, pital Ltd.	if individual)							
	Residence Address J. Cunnane,		Street, City, State, Zip C set Management, 811	-	ryland Avenue, Su	ite 4	00, St. Lou	ıis, M	issouri 63105
Check Box(e	es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (l	ast name first,	if individual)							
Business or l	Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					
Check Box(e	es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (I	ast name first,	if individual)				-!			
Business or I	Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					
Check Box(e	es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	Last name first,	if individual)							
Business or I	Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		<u> </u>			
Check Box(e	es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (I	Last name first,	if individual)							
Business or I	Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					

					B. 11	NFORMAT	ION ABOU	T OFFERI	NG				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No x		
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	any individ	ual?	***************************************		***************************************	\$_3,000,000.00	
3.	3. Does the offering permit joint ownership of a single unit?											Yes	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. ull Name (Last name first, if individual)												(muic.)
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	(ip Code)						
Nai	ne of Ass	sociated Br	oker or Dea	aler		##	· · · · · · · · · · · · · · · · · · ·	<u>,</u>				· · · · · · · · · · · · · · · · · · ·	VALUE (MATERIAL PROPERTY AND ARTHUR AND ARTHUR ARTH
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)	····					
Nar	ne of Ass	sociated Br	oker or Dea	aler		PP.44	· · · · · · · · · · · · · · · · · · ·						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		••••••			•••••		All States	
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler			 						
Star	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	. \$ 0.00		§ 0.00
	Equity		_	\$ 0.00
	☐ Common ☐ Preferred	, Ψ <u></u>	_	Ψ
	Convertible Securities (including warrants)	© 0.00		0.00
	Partnership Interests		_	\$ 0.00
	Other (Specify LLC Units			\$ 9,000,000.00
	Total			\$ 9,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	. Ф		Φ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in th offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	e		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors		-	\$_9,000,000.00
	Non-accredited Investors			\$_0.00
	Total (for filings under Rule 504 only)	. <u>3</u>	_	\$ 9,000,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	T COCC :	Type of		Dollar Amount
	Type of Offering	Security N/A		Sold \$ 0.00
	Rule 505		-	\$ 0.00 \$ 0.00
	Regulation A	·	-	\$ 0.00 \$ 0.00
	Rule 504	· 	-	\$ 0.00 \$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	e r.	-	\$_0.00
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		Z	\$_20,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total	-	7	s 20,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gro	SS	8,980,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	oceed to the issuer used or proposed to be used for purpose is not known, furnish an estimate are fithe payments listed must equal the adjusted gro	or id	<u> </u>
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_	_
	Purchase of real estate		🔲 \$	\$ 8980000.00
	Purchase, rental or leasing and installation of mad and equipment		□ \$	□\$
	Construction or leasing of plant buildings and fac		_	
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	🔲 \$	_ []\$
	Repayment of indebtedness			_
	Working capital		🔲 \$	\$
	Other (specify):		\$	\$
			=	\$
	Column Totals		🗆 \$_0.00	\$ 8,980,000.00
	Total Payments Listed (column totals added)	<u>v</u> \$ <u>8</u>	,980,000.00	
		D. FEDERAL ŞIĞNATURE	- Charles - Char	
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comm	nission, upon writte	ule 505, the following en request of its staff,
Iss	uer (Print or Type)	Signature / / /	Date	
C	sage Fund LLC		October 12, 200	04
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
R	bert B. Glarner, Jr.	Manager, BDG Realty LLC, being the Mana	iger of Osage Fun	d LLC

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE										
1.		0.262 presently subject to any of the disqu		res No								
		See Appendix, Column 5, for state res	ponse.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on For D (17 CFR 239.500) at such times as required by state law.											
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.											
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied:											
The issi	ier has read this notification and knows	the contents to be true and has duly caused the	his notice to be signed on its behalf l	ov the undersigned								
	thorized person.			,, one andersigned								
Issuer (Print or Type)	Signature	Date									
Osage	Fund LLC		October 12, 2004									
Name (Print or Type)	Title (Print or Type)										
Robe	rt B. Glarner, Jr.	Manager, BDG Realty LLC, be	Manager, BDG Realty LLC, being the Manager of Osage Fund LLC									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount ΑL AKAZAR $\mathsf{C}\mathsf{A}$ CO CT DE DC FL GA HI ID IL IN ΙA KS KY LA ME MD MA ΜI MN MS

APPENDIX

APPENDIX 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Yes No Amount Class A Units -0 MO X 3 \$9,000,000. \$0.00 X 9000000 MT NE NVNH NJ NM NY NC ND ОН OK OR PA RI SC SD TNTX UT VT VAWA WVWI

	APPENDIX											
1		2	3		4							
	to non-a investor	I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and exp amount purchased in State (Part C-Item 2)			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY		1										
PR		***************************************						1				